

Opportunity Title:	Affordable Care Act (ACA) - Consumer Assistance Program
Offering Agency:	Ofc of Consumer Information & Insurance Oversight
CFDA Number:	93.519
CFDA Description:	Care Act (ACA) - Consumer Assistance Program Grants
Opportunity Number:	CA-CAP-10-002
Competition ID:	CA-CAP-10-002-011720
Opportunity Open Date:	07/22/2010
Opportunity Close Date:	09/10/2010
Agency Contact:	Grants.gov HelpDesk 1-800-518-4726 support@grants.gov

This electronic grants application is intended to be used to apply for the specific Federal funding opportunity referenced here.

If the Federal funding opportunity listed is not the opportunity for which you want to apply, close this application package by clicking on the "Cancel" button at the top of this screen. You will then need to locate the correct Federal funding opportunity, download its application and then apply.

This opportunity is only open to organizations, applicants who are submitting grant applications on behalf of a company, state, local or tribal government, academia, or other type of organization.

* Application Filing Name:

Mandatory Documents

Move Form to Complete

Move Form to Delete

Mandatory Documents for Submission

Disclosure of Lobbying Activities (SF-LLL)
 Assurances for Non-Construction Programs (SF-42)
 Application for Federal Assistance (SF-424)
 Project/Performance Site Location(s)
 Other Attachments Form
 Budget Information for Non-Construction Program
 Project Narrative Attachment Form

Optional Documents

Move Form to Submission List

Move Form to Delete

Optional Documents for Submission

Instructions

- 1** Enter a name for the application in the Application Filing Name field.

 - This application can be completed in its entirety offline; however, you will need to login to the Grants.gov website during the submission process.
 - You can save your application at any time by clicking the "Save" button at the top of your screen.
 - The "Save & Submit" button will not be functional until all required data fields in the application are completed and you clicked on the "Check Package for Errors" button and confirmed all data required data fields are completed.

- 2** Open and complete all of the documents listed in the "Mandatory Documents" box. Complete the SF-424 form first.

 - It is recommended that the SF-424 form be the first form completed for the application package. Data entered on the SF-424 will populate data fields in other mandatory and optional forms and the user cannot enter data in these fields.
 - The forms listed in the "Mandatory Documents" box and "Optional Documents" may be predefined forms, such as SF-424, forms where a document needs to be attached, such as the Project Narrative or a combination of both. "Mandatory Documents" are required for this application. "Optional Documents" can be used to provide additional support for this application or may be required for specific types of grant activity. Reference the application package instructions for more information regarding "Optional Documents".
 - To open and complete a form, simply click on the form's name to select the item and then click on the => button. This will move the document to the appropriate "Documents for Submission" box and the form will be automatically added to your application package. To view the form, scroll down the screen or select the form name and click on the "Open Form" button to begin completing the required data fields. To remove a form/document from the "Documents for Submission" box, click the document name to select it, and then click the <= button. This will return the form/document to the "Mandatory Documents" or "Optional Documents" box.
 - All documents listed in the "Mandatory Documents" box must be moved to the "Mandatory Documents for Submission" box. When you open a required form, the fields which must be completed are highlighted in yellow with a red border. Optional fields and completed fields are displayed in white. If you enter invalid or incomplete information in a field, you will receive an error message.

- 3** Click the "Save & Submit" button to submit your application to Grants.gov.

 - Once you have properly completed all required documents and attached any required or optional documentation, save the completed application by clicking on the "Save" button.
 - Click on the "Check Package for Errors" button to ensure that you have completed all required data fields. Correct any errors or if none are found, save the application package.
 - The "Save & Submit" button will become active; click on the "Save & Submit" button to begin the application submission process.
 - You will be taken to the applicant login page to enter your Grants.gov username and password. Follow all onscreen instructions for submission.

Application for Federal Assistance SF-424

* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): _____ * Other (Specify): _____
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* 3. Date Received: 09/08/2010	4. Applicant Identifier: _____
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5a. Federal Entity Identifier: _____	5b. Federal Award Identifier: _____
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State Use Only:

6. Date Received by State: _____	7. State Application Identifier: _____
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8. APPLICANT INFORMATION:

* a. Legal Name: Arkansas Insurance Department

* b. Employer/Taxpayer Identification Number (EIN/TIN): 71-0847443	* c. Organizational DUNS: 0815015580000
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d. Address:

* Street1: 1200 West 3rd Street
Street2: _____
* City: Little Rock
County/Parish: _____
* State: AR: Arkansas
Province: _____
* Country: USA: UNITED STATES
* Zip / Postal Code: 72201-1904

e. Organizational Unit:

Department Name: Arkansas Insurance Department	Division Name: Consumer Services Division
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f. Name and contact information of person to be contacted on matters involving this application:

Prefix: Mrs. * First Name: Pam
Middle Name: _____
* Last Name: Looney
Suffix: _____

Title: Insurance Assistant Commissioner Finance

Organizational Affiliation:
Arkansas Insurance Department

* Telephone Number: 501-371-2613 Fax Number: 501-682-6679

* Email: pam.looney@arkansas.gov

Application for Federal Assistance SF-424

*** 9. Type of Applicant 1: Select Applicant Type:**

A: State Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

*** 10. Name of Federal Agency:**

Ofc of Consumer Information & Insurance Oversight

11. Catalog of Federal Domestic Assistance Number:

93.519

CFDA Title:

Care Act (ACA) - Consumer Assistance Program Grants

*** 12. Funding Opportunity Number:**

CA-CAP-10-002

* Title:

Affordable Care Act (ACA) - Consumer Assistance Program Grants

13. Competition Identification Number:

CA-CAP-10-002-011720

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

Areas_Affected_by_Project.pdf

Add Attachment

Delete Attachment

View Attachment

*** 15. Descriptive Title of Applicant's Project:**

Affordable Care Act (ACA) - Consumer Assistance Program Grants

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

b. Program/Project

Attach an additional list of Program/Project Congressional Districts if needed.

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="296,659.00"/>
* b. Applicant	<input type="text" value="145,159.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="441,818.00"/>

*** 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

- a. This application was made available to the State under the Executive Order 12372 Process for review on
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

*** 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)**

- Yes
- No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

21. *By signing this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: * First Name:
Middle Name:
* Last Name:
Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

Other Attachment File(s)

* Mandatory Other Attachment Filename:

To add more "Other Attachment" attachments, please use the attachment buttons below.

Project Abstract Summary

Program Announcement (CFDA)

93.519

*** Program Announcement (Funding Opportunity Number)**

CA-CAP-10-002

*** Closing Date**

09/10/2010

*** Applicant Name**

Arkansas Insurance Department

*** Length of Proposed Project**

12

Application Control No.

Federal Share Requested (for each year)

*** Federal Share 1st Year**

\$ 296,659

*** Federal Share 2nd Year**

\$ 0

*** Federal Share 3rd Year**

\$ 0

*** Federal Share 4th Year**

\$ 0

*** Federal Share 5th Year**

\$ 0

Non-Federal Share Requested (for each year)

*** Non-Federal Share 1st Year**

\$ 145,159

*** Non-Federal Share 2nd Year**

\$ 0

*** Non-Federal Share 3rd Year**

\$ 0

*** Non-Federal Share 4th Year**

\$ 0

*** Non-Federal Share 5th Year**

\$ 0

*** Project Title**

Affordable Care Act (ACA) - Consumer Assistance Program Grants

Project Abstract Summary

* Project Summary

Affordable Care Act (ACA) - Consumer Assistance Program Grants
Arkansas Affordable Care Consumer Assistance Program (ACCAP)
Project Abstract

It is estimated that a half million individuals living in Arkansas do not have health insurance. The United States Patient Protection and Affordable Care Act (PPACA) seeks to change that and to provide Arkansas with a unique opportunity to expand its already vigorous and successful efforts in assisting consumers in resolving questions or issues they may have concerning health insurance coverage.

Arkansas Governor Mike Beebe has entrusted Insurance Commissioner Jay Bradford, a highly recognized advocate for consumers, with oversight of the expanded consumer protection services that will become available under this ACA Consumer Assistance Program grant opportunity to the States. The overall goal of Arkansas' program is to assure consumers are informed about health insurance options and assisted in accessing affordable health care coverage and any subsidies or tax credits due to them. This includes assuring transparent processes, vigorous consumer advocacy, and active support and assistance through any claims, grievances, or appeals actions, including appeals to independent third party reviewers.

Arkansas Insurance Department's Consumer Services Division (CSD) recovered more than \$14 million dollars (in all lines of business) for aggrieved consumers during Calendar Year 2009. Approximately 10% of that was for health insurance matters. Funding from the Consumer Assistance Program Grant will be used to establish the Affordable Care Consumer Assistance Program (ACCAP), a separate unit within the CSD, to provide health insurance education and process all health insurance inquiries and complaints. A statewide public education campaign and access to consumer protection specialists will assist consumers in understanding their rights and duties, understanding subsidies for which they might be eligible, making informed choices for enrollment in appropriate health plans, and in preparing and filing claims, grievances, or appeals including the navigation of an outside independent review process.

An Insurance Consumer Protection Manager, acting under the supervision of the Consumer Services Administrator, will direct the day-to-day functions of the new unit. A major function of this unit will be the education of Arkansas consumers, including small business owners and health care providers, about the health insurance exchange and the various consumer options, rights, and duties afforded under the PPACA.

The new unit within CSD will expand the data collection, analyses, tracking, and reporting processes already in place in order to assist Arkansas policymakers and the Secretary of Health and Human Services in identifying marketplace problems so that enforcement may be strengthened and data driven improvements achieved.

The Arkansas Insurance Department requests \$296,659 in federal funding from DHHS-OCIIO. The AID commits to maintain current funding of CSD health insurance education and protection activities at \$145,159, making a total project budget of \$441,818.

* Estimated number of people to be served as a result of the award of this grant.

1000000

Project/Performance Site Location(s)

Project/Performance Site Primary Location I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.

Organization Name:

DUNS Number:

* Street1:

Street2:

* City: County:

* State:

Province:

* Country:

* ZIP / Postal Code: * Project/ Performance Site Congressional District:

Project/Performance Site Location 1 I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.

Organization Name:

DUNS Number:

* Street1:

Street2:

* City: County:

* State:

Province:

* Country:

* ZIP / Postal Code: * Project/ Performance Site Congressional District:

Additional Location(s)

Project Narrative File(s)

* Mandatory Project Narrative File Filename:

To add more Project Narrative File attachments, please use the attachment buttons below.

Budget Narrative File(s)

* Mandatory Budget Narrative Filename:

[Add Mandatory Budget Narrative](#)

[Delete Mandatory Budget Narrative](#)

[View Mandatory Budget Narrative](#)

To add more Budget Narrative attachments, please use the attachment buttons below.

[Add Optional Budget Narrative](#)

[Delete Optional Budget Narrative](#)

[View Optional Budget Narrative](#)

BUDGET INFORMATION - Non-Construction Programs

SECTION A - BUDGET SUMMARY

Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1. ACA Consumer Assistance Program	93.519	\$ 0.00	\$ 0.00	\$ 296,659.00	\$ 145,159.00	\$ 441,818.00
2.						
3.						
4.						
5. Totals		\$	\$	\$ 296,659.00	\$ 145,159.00	\$ 441,818.00

SECTION B - BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1)	(2)	(3)	(4)	
	ACA Consumer Assistance Program				
a. Personnel	\$ 97,041.00	\$	\$	\$	\$ 97,041.00
b. Fringe Benefits	27,171.00				27,171.00
c. Travel	10,120.00				10,120.00
d. Equipment	0.00				
e. Supplies	15,150.00				15,150.00
f. Contractual	13,500.00				13,500.00
g. Construction	0.00				
h. Other	133,677.00				133,677.00
i. Total Direct Charges (sum of 6a-6h)	296,659.00				296,659.00
j. Indirect Charges	0.00				
k. TOTALS (sum of 6i and 6j)	\$ 296,659.00	\$	\$	\$	\$ 296,659.00
7. Program Income	\$ 0.00	\$	\$	\$	\$

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SECTION C - NON-FEDERAL RESOURCES					
(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS	
8. ACA Consumer Assistance Program	\$ 145,159.00	\$	\$	\$ 145,159.00	
9.					
10.					
11.					
12. TOTAL (sum of lines 8-11)	\$ 145,159.00	\$	\$	\$ 145,159.00	

SECTION D - FORECASTED CASH NEEDS				
Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal	\$ 296,659.00	\$ 106,058.00	\$ 63,533.00	\$ 63,534.00
14. Non-Federal	\$ 145,159.00	\$ 36,628.00	\$ 36,177.00	\$ 36,177.00
15. TOTAL (sum of lines 13 and 14)	\$ 441,818.00	\$ 142,686.00	\$ 99,710.00	\$ 99,711.00

SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT				
(a) Grant Program	FUTURE FUNDING PERIODS (YEARS)			
	(b) First	(c) Second	(d) Third	(e) Fourth
16.	\$	\$	\$	\$
17.				
18.				
19.				
20. TOTAL (sum of lines 16 - 19)	\$	\$	\$	\$

SECTION F - OTHER BUDGET INFORMATION	
21. Direct Charges:	296,659
22. Indirect Charges:	0

23. Remarks: Rent, supplies, computers, and phone expenses are charged as direct expenses.

ASSURANCES - NON-CONSTRUCTION PROGRAMS

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0040), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

1. Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee- 3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.

9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally-assisted construction subagreements.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).
12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.

<p>* SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL</p> <p>Jay Bradford</p>	<p>* TITLE</p> <p>Arkansas Insurance Commissioner</p>
<p>* APPLICANT ORGANIZATION</p> <p>Arkansas Insurance Department</p>	<p>* DATE SUBMITTED</p> <p>09/08/2010</p>

DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C.1352

Approved by OMB

0348-0046

1. * Type of Federal Action: <input type="checkbox"/> a. contract <input checked="" type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	2. * Status of Federal Action: <input type="checkbox"/> a. bid/offer/application <input checked="" type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	3. * Report Type: <input checked="" type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change
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4. Name and Address of Reporting Entity:

Prime SubAwardee

* Name:

* Street 1: Street 2:

* City: State: Zip:

Congressional District, if known:

5. If Reporting Entity in No.4 is Subawardee, Enter Name and Address of Prime:

6. * Federal Department/Agency: <input type="text" value="DHHS/OCI10"/>	7. * Federal Program Name/Description: <input type="text" value="Care Act (ACA) - Consumer Assistance Program Grants"/> CFDA Number, if applicable: <input type="text" value="93.519"/>
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8. Federal Action Number, if known: <input type="text"/>	9. Award Amount, if known: \$ <input type="text"/>
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10. a. Name and Address of Lobbying Registrant:

Prefix * First Name Middle Name

* Last Name Suffix

* Street 1: Street 2:

* City: State: Zip:

b. Individual Performing Services (including address if different from No. 10a)

Prefix * First Name Middle Name

* Last Name Suffix

* Street 1: Street 2:

* City: State: Zip:

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when the transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

* Signature:

* Name: Prefix * First Name Middle Name

* Last Name Suffix

Title: Telephone No.: Date:

Arkansas Insurance Department

Mike Beebe
Governor



Jay Bradford
Commissioner

September 7, 2010

The Honorable Kathleen Sebelius
Secretary, Department of Health & Human Services
200 Independence Avenue, SW
Washington, DC 20201

Dear Secretary Sebelius:

The primary mission of the Arkansas Insurance Department (AID) is to protect and assist the people of Arkansas in regard to insurance related matters. As we work with the U.S. Department of Health and Human Services (DHHS) to do our part in the implementation of the Patient Protection and Affordable Care Act (PPACA) we are pleased to apply for \$296,659 of funding under the **Affordable Care Act (ACA) – Consumer Assistance Program Grants, CFDA: 93.519.**

The AID already includes a Consumer Services Division (CSD) which assists consumers with questions or problems relating to insurance coverage, including working to educate consumers on how to shop for insurance products and how to recognize the value of insurance. This funding will be used to enhance and expand these services as they relate to PPACA by creating the Affordable Care Consumer Assistance Program (ACCAP) to be housed within, but managed separately from CSD.

The AID will employ a Program Manager (Project Director) for ACCAP, as well as supplemental staff as outlined in the attached application to carry out additional consumer protection and education functions. Furthermore, to the extent necessary to avoid conflicts and ensure that ACCAP maintains its independence, external review organizations will be utilized when necessary.

AID is an eligible entity with existing authority to oversee and coordinate the proposed activities, and has capacity to implement the proposed project and manage grant funds. As evidence of this capacity, the AID has been recipient of Centers for Medicare and Medicaid Services Senior Health Insurance Information Program grant and has met or exceeded programmatic and fiscal management and reporting expectations. Additionally, AID is recipient of OCIIO Health Insurance Premium Review Grants-Cycle 1.

We look forward to a successful review. Please do not hesitate to contact me with any questions.

Sincerely,

Jay Bradford
Arkansas Insurance Commissioner
(501) 371-2621
jay.bradford@arkansas.gov

**Arkansas Affordable Care Act (ACA) - Consumer Assistance Program Grants
Work Plan and Timeline
CFDA: 93-519**

Date	Activity	Responsible Party
Oct 2010	Notice of Grant Award	DHHS - OCIIO
	Prepare and submit Position Requests	Jackie Smith (CSD Director) Pam Looney (Finance Director)
	Prepare and submit Grant Appropriation Request	Jackie Smith/Pam Looney
	IT Department begins to create database tables	Jackie Smith/AID Information Systems (James Winningham)
	Develop and manualize criteria for data security, protection of consumer's personal information, and access/use/disclosure/purging of information in ACCAP Data Base	Jackie Smith/James Winningham
	Research ACA Consumer Assistance or Ombudsman requirements; including consultation with other Health Insurance Ombudsman Programs	Jackie Smith; TBH ACCAP Project Director (PD)
	Research premium tax credits as described in section 1311 of ACA and under 36B of IRS Code of 1986.	Jackie Smith; TBH ACCAP Project Director
	Begin design of educational materials: brochures, posters, letterhead, envelopes, tip sheets, information for webpage, etc.	Jackie Smith, Sandy Currington, Alice Jones (Communications Director), IS Division
	Determine project data needs and identify gaps between existing data base and identified needs	Jackie Smith, TBH ACCAP P.D., Winningham
	Seek expedited approval for hiring Project Director	Jackie Smith, Jay Bradford
	Propose Insurance Consumer Questions to ADH for BRSS	Jackie Smith/TBH ACCAP P.D.
Nov 2010	Review/Approve Grant Award Appropriation Request	Arkansas Legislative Committee
	Post Jobs (Consumer Protection Specialist and AAIH) on Arkansas Jobs website	AID Human Resources
	Finalize Hiring and Orientation of Project Director	Jackie Smith
	Install Phone lines, hotline, internet ports	Jackie Smith/Pam Looney
	Obtain copier lease	Jackie Smith/Pam Looney
	Purchase office supplies/furniture	Jackie Smith/Pam Looney
	Purchase laptops, internet access cards, and software licenses	Jackie Smith/AID Information Systems
	Translation of educational materials into other languages and Braille	ACCAP P.D.; Consultant/Blind and Deaf School
	Prepare first run newspaper and radio ads	ACCAP P.D./Alice Jones
Dec 2010	Interview, hire and train new ACCAP Consumer Protection Specialist and AAIH	Jackie Smith/ACCAP P.D..
	Purchase Display Unit for Health Fairs	ACCAP Project Director
	Finalize Policy and Procedures Manual	Jackie Smith/ACCAP P.D.
	Ongoing information and assistance to consumers and facilitate external review process	ACCAP Project Director
	Purchase Promotional Items with ACCAP logo and tagline	ACCAP Project Director

**Arkansas Affordable Care Act (ACA) - Consumer Assistance Program Grants
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Date	Activity	Responsible Party
	Purchase and schedule newspaper and radio ads – Run First Radio Ad	AACAP P.D./Alice Jones
	Determine Public and Health Care Professional Outreach/Training Opportunities	AACAP P.D./Jackie Smith
	Outline AACAP Sustainability Plan Options	AACAP P.D./Jay Bradford
	Identify potential local health insurance navigators	AACAP Project Director
Jan 2011	Run First Newspaper Ad	ACCAP P.D./Alice Jones
	Schedule training/consultants: cultural and disability sensitivity, speakers bureau, train-the-trainer	ACCAP P.D. / Consultant(s)
	Ongoing information and assistance to consumers and facilitate external review process	ACCAP Project Director
	Educational Forums/ Select Communities and/or interactive video	ACCAP Project Director
	ACCAP Web Site is live	AACAP P.D.; Winningham
Feb 2011	Radio Ad	Alice Jones/ACCAP P.D.
	Ongoing information and assistance to consumers and facilitate external review process	ACCAP Project Director
	Participate in two Community Outreach Events	ACCAP Project Director
Mar 2011	Ongoing information and assistance to consumers and facilitate external review process	ACCAP Project Director
	Participate in two Community Outreach Events	ACCAP Project Director
	Review/Adapt ACCAP Sustainability Planning	ACCAP P.D./Jay Bradford
	Develop/Pilot Consumer Satisfaction Survey	ACCAP Project Director
April 2011	Newspaper Ads	ACCAP P.D./Alice Jones
	Consumer Satisfaction Survey	AACAP Project Director
	Ongoing information and assistance to consumers and facilitate external review process	ACCAP Project Director
	Participate in two Community Outreach Events	ACCAP Project Director
	Six Month Report to DHHS, AID, and Other stakeholders	ACCAP Project Director
May 2011	Radio Ads	Alice Jones/ACCAP P.D.
	Ongoing information and assistance to consumers and facilitate external review process	ACCAP Project Director
	Arkansas Rural Development Conference and Other Outreach Events	ACCAP Project Director
June 2011	Radio Ads	Alice Jones/ACCAP P.D.
	Ongoing information and assistance to consumers and facilitate external review process	ACCAP Project Director
	Participate in two Community Outreach Events	ACCAP Project Director

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Date	Activity	Responsible Party
July 2011	Newspaper Ads	Alice Jones/ACCAP P. D.
	Ongoing information and assistance to consumers and facilitate external review process	ACCAP Project Director
	Participate in two Community Outreach Events	ACCAP Project Director
	Consumer Satisfaction Survey	ACCAP Project Director
	Submit Quarterly Data Report to DHHS, AID, and other Stakeholders	ACCAP Project Director
	Review/Adapt ACCAP Sustainability Plans	ACCAP P.D./Jay Bradford
Aug 2011	Radio Ads	Alice Jones/ACCAP P.D.
	Ongoing information and assistance to consumers and facilitate external review process	ACCAP Project Director
	Participate in two Community Outreach Events	ACCAP Project Director
Sept 2011	Newspaper Ads	Alice Jones/ACCAP P.D.
	Ongoing information and assistance to consumers and facilitate external review process	ACCAP Project Director
	Participate in two Community Outreach Events	ACCAP Project Director
Oct 2011	Ongoing information and assistance to consumers and facilitate external review process	ACCAP Project Director
	Participate in two Community Outreach Events	ACCAP Project Director
	Consumer Satisfaction Survey	ACCAP Project Director
	Submit Quarterly Data Report to DHHS, AID, and other Stakeholder	ACCAP Project Director
	Sustain ACCAP Program following SFY'11 funding	ACCAP P.D./Jay Bradford
Nov 2011	Compile and submit Final Program and Financial reports, including Financial Status Report SF 269A. Form	ACCAP Project Director